PI Subcommittee Meeting - Agenda

October 4, 2016 - 10am EST to 11am EST

Call-in number: 1-877-422-1931, participant code is 2792437448# (music will be heard until the moderator joins the call)

a) Welcome & Introduction

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Meeting Attendees			
Adam Weddle	Amanda Rardon	Annette Chard	Bekah Dillon
Brittanie Fell	Carrie Malone	Dr. Chris Hartman	
Chris Wagoner	Christy Claborn	Chuck Stein	
Dr. David Welsh	Dawn Daniels	Dusten Roe	Emily Grooms
Gene Reiss	Jennifer Mullen	Jeremy Malloch	Jodi Hackworth
Kasey May	Kelly Mills	Dr. Kevin McConnell	
Kristi Croddy	Dr. Larry Reed	Latasha Taylor	Lesley Lopossa
Lindsey Williams	Lisa Hollister	Lynne Bunch	Dr. Matt Vassy
Marie Stewart	Mark Rohlfing	Mary Schober	Missy Hockaday
Merry Addison	Michele Jolly	Dr. Peter Jenkins	Regina Nuseibeh
Sarah Quaglio	Sean Kennedy	Spencer Grover	Dr. Stephanie
			Savage
Tammy Robinson	Tara Roberts	Tracy Spitzer	Wendy St. John
ISDH STAFF			
Katie Hokanson	Ramzi Nimry	Camry Hess	Hilari Sautbine
Jessica Schultz			

- b) Regional Trauma Data Requests.
 - a. Data elements that can be released.
- c) Additional Discussion.

2016 National Trauma Data Bank Data Elements

Demographic Information

Injury Incident Date Injury Incident Time

Date of Birth

Age

Age Units

Race

Ethnicity

Gender

Patient's Home Country

Patient's Home Zip Code

Patient's Home City

Patient's Home County

Patient's Home State

Alternate Home Residence

Primary Method of Payment

Work-Related

Patient's Occupational Industry

Patient's Occupation

Injury Information

Location E-Code

Incident Location Zip Code

Incident Country

Incident City

Incident County

Incident State

Primary E-Code

Additional E-Code

Report of Physical Abuse

Investigation of Physical Abuse

Caregiver at Discharge

Protective Devices

Child Specific Restraint

Airbag Deployment

Pre-Hospital Information

Vehicular, Pedestrian, Other Risk Injury

EMS Dispatch Date

EMS Dispatch Time

EMS Unit arrival Date at Scene or Transferring Facility

EMS Unit arrival Time at Scene or Transferring Facility

EMS Unit Departure Date from Scene or Transferring Facility

EMS Unit Departure Time from Scene or Transferring Facility

Transport Mode

Other Transport Mode

Initial Field Systolic Blood Pressure

Initial Field Pulse Rate

Initial Field Respiratory Rate

Initial Field Oxygen Saturation

Initial Field GCS – Eve

Initial Field GCS - Verbal

Initial Field GCS - Motor

Initial Field GCS - Total

Inter-Facility Transfer

Trauma Center Criteria

Pre-Hospital Cardiac Arrest

ED/Acute Care Information

ED/Hospital Arrival Date

ED/Hospital Arrival Time

ED Discharge Date

ED Discharge Time

ED Discharge Disposition

Signs of Life

Initial Assessment Information

Height

Weight

Initial ED/Hospital Temperature

Initial ED/Hospital Systolic Blood Pressure

Initial ED/Hospital Pulse Rate

Initial ED/Hospital Respiratory Rate

Initial ED/Hospital Respiratory Assistance

Initial ED/Hospital Oxygen Saturation

Initial ED/Hospital GCS – Eye

Initial ED/Hospital GCS – Verbal

Laidin ED/Hospital Ges Vere

 $Initial\ ED/Hospital-Motor$

 $Initial\ ED/Hospital-Total$

Initial ED/Hospital GCS Initial ED/Hospital Supplemental

Oxygen

Assessment Qualifiers

Initial ED/Hospital - Height

Initial ED/Hospital – Weight

Alcohol Use Indicator

Drug Use Indicator

Diagnosis Information

Injury Diagnoses

AIS Predot Code

AIS Severity

ISS Body Region

AIS Version

Locally Calculated ISS

Co-Morbidity Information

Co-Morbid Conditions

Procedures Information

Hospital Procedures

Hospital Procedure Start Date

Hospital Procedure Start Time

Complications / PI Information

Hospital Complications

Outcome Information

Hospital Discharge Date

Hospital Discharge Time

Total ICU Length of Stay

Total Ventilator Days Hospital Discharge Disposition